

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Office of the Chief Financial Officer

Office of Tax and Revenue



POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

Power of Attorney

Taxpayer name(s) and address	Social Security #			FEIN #	
	Daytime Phone #				

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

Representative(s) (Representatives(s) must sign and date)

Name and address	Enrollment #	_____
	Telephone #	_____
	Fax #	_____
Name and address	Enrollment #	_____
	Telephone #	_____
	Fax #	_____

To represent the taxpayer(s) before the Office of Tax and Revenue for the following tax matters:

Tax matters

Type of Tax (Income, Sales, etc.)	Tax Form # (D-40, D-20 etc)	Year(s) or Period(s)	Statute of Limitations Expiration Date

Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters for example, the authority to sign any agreements, consents, other documents.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed unless you check the box below.

If you do not want any notices or communications sent to your first representative, check here ☐

Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Office of Tax and Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

You must attach a copy of any Power of Attorney you want to remain in effect.

Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

_____ Signature	_____ Date	_____ Title
_____ Print Name		
_____ Signature	_____ Date	_____ Title
_____ Print Name		

Declaration of Representative

Under penalties of perjury, I declare that:

I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
I am aware of regulations, contained in Treasury Department Circular # 230, as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
I am authorized to represent the taxpayer(s) identified for the tax matter(s) specified there; and
I am one of the following:

a-A Attorney-a member in good standing of the bar of the highest court of the jurisdiction shown below.

b-Certified Public Accountant-duly qualified to practice as a certified public accountant in the Jurisdiction shown below.

c-Enrolled Agent-enrolled as an agent under the requirements of Treasury Department Circular # 230.

d-Officer-a bona fide officer of the taxpayer's organization.

e-Full-time Employee-a full-time employee of the taxpayer.

f-Family Member-a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).

g-enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C.

(the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular # 230.

h-Unenrolled Return Preparer-an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular # 230.

IF THIS DECLARATION IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation-Inset above letter (a-h)	Jurisdiction (state) or Enrollment Card #	Signature	Date